

REGISTRATION INSTRUCTIONS

1. All participants **MUST** complete the "Advance Registration Form."
2. All participants requiring hotel accommodations must complete the "Housing Form" and return it to SAIC-Travel Conference Services by September 15.
3. Participants who would like assistance with travel can complete the optional "Travel Request Form" located below.

TRAVEL REQUEST FORM

**Department of Defense Breast Cancer Research Program Meeting: An Era of Hope
October 31 - November 4, 1997**

First Name, Initial, Last Name:		Office Phone:	
Name of Spouse/Guest:		Office Fax:	
Address (No P.O. Boxes, please)		Home Phone:	
		E-mail:	
I prefer to be contacted via: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail regarding this reservation.			
Credit Card Number:			Exp. Date:
Departure/Return City:		Seating Preference: <input type="checkbox"/> Window <input type="checkbox"/> Aisle <input type="checkbox"/> Center	
Preferred Airport in Washington, DC: <input type="checkbox"/> No Preference <input type="checkbox"/> Washington National <input type="checkbox"/> Dulles <input type="checkbox"/> BWI			
Departure Date:		Approximate Time:	
Return Date:		Approximate Time:	
Preferred Airline(s):		Special Meals: (Please Specify)	
		Frequent Flyer Number(s):	
Ticket Delivery Preference: <input type="checkbox"/> Electronic Ticket (itinerary/confirmation will be faxed to you) <input type="checkbox"/> Federal Express			

Airline Ticketing Procedures: Once SAIC receives your "Travel Request Form," everything possible will be done to meet specified preferences. SAIC Travel will contact you with a tentative itinerary via telephone, fax or E-mail. Once approved, your tickets will be issued and Federal Expressed or electronically ticketed. The lowest fares will be offered and may result in penalties when making changes; tickets may also be non-refundable. Penalties or cancellation policies will be noted in writing on all itineraries.

Return to: SAIC Travel-Conference Services

Fax: 703-356-2714 or 703-760-0654

Phone: 1-800-537-6074 or (703) 749-8780

E-mail: Susan.Crosby@cpmx.saic.com

If you are phoning for information, please identify yourself as an Era of Hope meeting attendee.

Phones are answered between 8:00 AM and 5:30 PM Eastern Standard Time.

ADVANCE REGISTRATION FORM
Department of Defense Breast Cancer Research Program Meeting: An Era of Hope
October 31 - November 4, 1997
DEADLINE: SEPTEMBER 15, 1997 FOR REDUCED RATES

First Name, Initial, Last Name (As you wish it to appear on your badge)		
Institution/Affiliation (As you wish it to appear on your badge)		Title
Address		
City	State	Zip
Daytime Phone(s)		Fax
E-mail		Date
<input type="checkbox"/> Please check this box if you have a physical disability and need special requirements for transportation, hotel accommodations, or other facilities in connection with the meeting. A member of the meeting staff will contact you.		

OCCUPATION: Please check <u>up to two</u> categories that best apply:				
<input type="checkbox"/> Physician	<input type="checkbox"/> Scientist	<input type="checkbox"/> Consumer	<input type="checkbox"/> Nurse	
<input type="checkbox"/> Predoc Trainee	<input type="checkbox"/> Other			
ATTENDANCE: I plan to attend the following day(s):				
<input type="checkbox"/> October 31	<input type="checkbox"/> November 1	<input type="checkbox"/> November 2	<input type="checkbox"/> November 3	<input type="checkbox"/> November 4
CME/CEU DESIRED (IF AVAILABLE):				
<input type="checkbox"/> Physician	<input type="checkbox"/> Nurse			

REGISTRATION FEES: For accurate accounting purposes, please check the box for the amount you are paying.	Prior to September 15	After September 15 & before October 3	After October 3
All Participants	<input type="checkbox"/> \$200.00	<input type="checkbox"/> \$225.00	Must register on site at a fee of \$250
REGISTRATION SUBTOTAL:			\$

BANQUET TICKETS: Please join us for the Era of Hope Banquet, Monday, November 3 at the Renaissance. Tickets are \$35 per person; guests are welcome to attend the banquet at the same price.			
Name of Guest(s):			
Dietary Constraints:		BANQUET SUBTOTAL:	
		\$	

PAYMENT INFORMATION: Fees may be paid by check or credit card. Payment must be made in U.S. currency, and all checks must be drawn on a U.S. bank. If you are paying by check, you must mail this form along with your payment. If you are paying by credit card, you may mail or fax the form.			
<input type="checkbox"/> Check (Payable to SAIC)		Institution/Person Issuing Check:	
		Check #:	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Visa	<input type="checkbox"/> Diner's Club
Credit Card Number		Exp. Date	Cardholder Signature
<i>Signature confirms cardholder's understanding and agreement with registration fees and cancellation/refund policies.</i>		<div> TOTAL PAYMENT ENCLOSED: <div>\$</div> </div>	

- **CONFIRMATIONS** - Registration confirmation will be faxed or mailed to you within four weeks of receiving payment.
- **CANCELLATIONS/REFUNDS** - Written notification of cancellation must be received prior to September 31, 1997 to obtain a partial refund (\$35 administrative fee will be retained). Thereafter, no refunds will be made.
- **QUESTIONS** - Please direct registration questions to Carla Post at (301) 228-3128 (Phone); 301-698-6188 (Fax).
- Technical reproduction of some sessions is planned.
- This is a non-smoking meeting.

Return to:
An Era of Hope Meeting • SAIC Travel -Conference Services
1710 Goodridge Drive • M/S 1-1-3 • McLean, Virginia 22102
Fax: 703-356-2714 or 703-760-0654 (alternate)

HOUSING FORM
Department of Defense Breast Cancer Research Program Meeting: An Era of Hope
October 31 - November 4, 1997
DEADLINE: SEPTEMBER 15, 1997

Please type or print. Send one form per room.

Last Name		First Name	
Institution/Affiliation			Title
Address			
City	State	Zip	
Daytime Phone(s)	Fax	E-mail	
Sharing room with:			
Arrival Date:	Arrival Time:	Departure Date:	
ARE YOU A DoD BREAST CANCER GRANT RECIPIENT? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Please check this box if you have a physical disability and need special requirements for transportation, hotel accommodations, or other facilities in connection with the meeting. A member of the meeting staff will contact you.			

ROOM TYPE REQUESTED: Please mark the appropriate box:		<input type="checkbox"/> Smoking	<input type="checkbox"/> Non Smoking
<input type="checkbox"/> Single (1 person, 1 king or 2 doubles)	<input type="checkbox"/> Double (2 people, 1 king)	<input type="checkbox"/> Double/Double (2 persons, 2 doubles)	
<input type="checkbox"/> Special Request:			
OVERFLOW HOTEL PREFERENCE: Print your 1 st , 2 nd , and 3 rd choices for hotel accommodations <i>after the Renaissance room block is filled</i> . Please refer to the Host and Overflow Hotel List and Location Map when making your selections. If your choices are not available, another will be assigned.			
Primary: The Renaissance	1 st :		
2 nd :	3 rd :		

METHOD OF PAYMENT/RESERVATION GUARANTEE:		
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express <input type="checkbox"/> Diner's Club
Name of Cardholder:	Credit Card Number:	Exp. Date:
Cardholder Signature:		Date:

Please Note: Cardholder Signature authorizes SAIC to charge credit card for the deposit amount and confirms cardholder's understanding and agreement to all terms, conditions, and cancellation penalties outlined below.

- **CHANGES** - Prior to September 30, all changes should be made by contacting SAIC Travel-Conference Services at 1-800-537-6074; after September 30, changes should be made with the hotels directly.
- **DEPOSITS/CONFIRMATIONS** - A deposit equal to a one night stay per room is required, payable by credit card. The deposit amount will vary from \$113 to \$164 depending upon your selected hotel. Your credit card will be charged immediately. Hotel confirmations will be sent approximately three weeks after receipt of this form and your deposit.
- **CANCELLATIONS/REFUNDS** - Cancellations made prior to September 30 should be made with SAIC Travel; cancellations made after September 30 should be made with the hotel and may be subject to a cancellation penalty. *Cancellation fees will vary; please review your assigned hotel's cancellation policy which will be referenced on your hotel confirmation notice.*

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